

# ARKANSAS STATE POLICE AND FBI CRIMINAL BACKGROUND CHECK INSTRUCTIONS

## Criminal Background Check Form:

- The Criminal Background Check form **MUST** be **NOTARIZED**.
- All information **MUST** be completed or the form will be returned to you.
- The last name on your Criminal Background Check form **MUST** match the last name on your Board of Pharmacy Application, **AND** your driver's license.

## FBI Fingerprint Card:

- **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.** You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the State Board of Pharmacy office to have one sent to you.
- **Have fingerprints done by someone APPROPRIATELY TRAINED to collect them. A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints.**
  - Your local police or sheriff's department may be willing to accommodate you. There may or may not be a fee involved. The Arkansas State Police ID Bureau in Little Rock, on Geyer Springs Road at I-30, will do your fingerprints **WITHOUT** charge Monday through Friday from 8:30 a.m. to 4:30 p.m.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD** – place in an appropriately sized mailing envelope.
- **DO NOT CONTACT the Arkansas State Police or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas State Board of Pharmacy.

### Fields to be completed on the Fingerprint Card

(Type or print, black ink only - Fingerprints must be done in **BLACK** Ink.)

- Last name, First name, Middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden names, other married names, etc.)
- Date of birth (MM/DD/YYYY)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Mexico)
- Sex: M= Male, F= Female
- Race: A=Asian; W=White; B=Black; I=American Indian, H=Hispanic, U=Unknown
- Height
- Weight
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city/state or foreign country)
- Employer and address ("none" if you are unemployed)
- Reason Fingerprinted - **This block MUST read: Arkansas State Board of Pharmacy – ACA § 17-92-317**
- Social Security Number
- Leave all other spaces blank (i.e., OCA, FBI, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notation recommended for fingerprint submissions include: AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.

## **Applicant Notification and Record Challenge**

Applicants who are the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose, have certain rights which are discussed below.

Applicants must be provided written notification that the applicant's fingerprints will be used to check the criminal history records of the FBI. The notification must be kept for the lifetime of the criminal history record information.

They are allowed a reasonable opportunity to challenge the accuracy of the criminal history record information. (ALL applicants must be advised of this, not just those who dispute an employment/license denial or who feel their CHRI is incorrect). If the applicant elects to challenge the criminal history record information, the agency must provide the applicant a reasonable period of time to do so before final denial. The agency should also establish and document what constitutes a reasonable period of time for the review and challenge and any appeals process that is available to the applicant.

### **For a copy of an Arkansas criminal history record:**

The individual can contact Arkansas Crime Information Center (ACIC) at (501) 682-7444 or Arkansas State Police at (501) 618-8000.

### **For a copy of an FBI criminal history record:**

U.S. Department of Justice Order rules allow the subject of an FBI record to request a copy of his/her own record. The individual may submit fingerprints, an Applicant Information Form, and payment directly to the FBI according to the procedures in Title 28 Code of Federal Regulations § 16.34.

FBI website for information about record review and challenge:

<http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary>



**Arkansas State Board of Pharmacy**  
**322 South Main Street, Suite 600**  
**Little Rock, AR 72201**  
501-682-0190 Fax 501-682-0195  
[www.pharmacyboard.arkansas.gov](http://www.pharmacyboard.arkansas.gov)

## **ARKANSAS STATE POLICE AND FBI CRIMINAL BACKGROUND CHECK FORM**

The last name on your criminal background check application must match the last name on your license or registration application and your driver's license.

### **This form must be NOTARIZED**

Full Name:					
Last	First	Middle	Maiden / All Other Married Names		
Social Security #:		Date of Birth:	State of Birth:		
Sex:	Race:	Height:	Weight:	Eyes:	Hair:
Driver's License #:		State of Issuance (of driver's license):			
Mailing Address:					
Street Address		City	State	Zip	

I, the undersigned, give my consent for the Arkansas State Police to conduct the required criminal background checks on myself and release any information to the Arkansas State Board of Pharmacy.

Signature of Applicant	Date
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Return the following items to:  
**Arkansas State Board of Pharmacy,**  
**322 South Main Street, Suite 600, Little Rock, AR 72201**

Your application and supporting documents, this form - completed and notarized, a completed fingerprint card, and appropriate fees. Background checks conducted under Arkansas Code Ann. ACA § 17-92-317

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature

My Commission Expires: \_\_\_\_\_

Print, Type, or Stamp Name of Notary